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APPLICANTS

Thomas J. Long II, Greensburg, PA;

Karen A. Craig, Ligonier, PA;

Ronald L. Dudzinsky, Derry, PA; Ruy Frota de Souza Filho, Latrobe, PA;

** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY PA	SHEETS DRAWING 4	TOTAL CLAIMS 10	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

ADDRESS

Larry R. Meenan
 Kennametal Inc.
 P.O. Box 231
 Latrobe, PA
 15650

TITLE

Rotary cutting tool having irregular insert orientation

FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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